

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) United We Can	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00523621 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 11 / 2016</div> </div>	
Mailing Address 330 WEST 42ND STREET 7TH FLOOR		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">241425.58</div>	
City NY State NY Zip Code 10036	Transaction ID : D368172 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 11 / 2016</div> </div>		
Purpose of Expenditure Salary, Benefits & Other Canvass-Related Expenses	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>		
Name of Federal Candidate CLINTON, HILLARY RODHAM, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 11 / 2016</div> </div>	
Mailing Address 330 WEST 42ND STREET 7TH FLOOR		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">362138.37</div>	
City NY State NY Zip Code 10036	Transaction ID : D368173 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 11 / 2016</div> </div>		
Purpose of Expenditure Salary, Benefits & Other Canvass-Related Expenses	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>		
Name of Federal Candidate TRUMP, DONALD J, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;">603563.95</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hudson, Gerald, ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 13 / 2016

Signature

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 PAGE 2 OF 4
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NAME OF COMMITTEE (In Full) United We Can		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>			

Full Name of Payee SEIU Florida State Council			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2016 </div>		
Mailing Address 14645 NW 77th Ave Suite 201			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> 38.10 </div>		
City Hialeah	State FL	Zip Code 33014	Transaction ID : D368166 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2016 </div>		
Purpose of Expenditure Estimated Cost: Salary, Benefits & Other Canvass-Related Expenses		Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">001</div>	Name of Federal Candidate CRIST, CHARLIE JOSEPH, , ,		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL			
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> 61943.63 </div>					

Full Name of Payee The Pivot Group			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 11 / 2016 </div>		
Mailing Address 1720 I Street, NW Suite 550			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> 1731.60 </div>		
City Washington	State DC	Zip Code 20006	Transaction ID : D368169 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 11 / 2016 </div>		
Purpose of Expenditure Voter Canvass Literature		Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">006</div>	Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____			
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> 10986801.79 </div>					

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> 1769.70 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> 1769.70 </div>

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee The Pivot Group			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 11 / 2016		
Mailing Address 1720 I Street, NW Suite 550			Amount 1731.60		
City Washington	State DC	Zip Code 20006	Transaction ID : D368170		
Purpose of Expenditure Voter Canvass Literature		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 10 / 11 / 2016		
Name of Federal Candidate TRUMP, DONALD J, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		

Full Name of Payee The Pivot Group			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 11 / 2016		
Mailing Address 1720 I Street, NW Suite 550			Amount 1731.60		
City Washington	State DC	Zip Code 20006	Transaction ID : D368171		
Purpose of Expenditure Voter Canvass Literature		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 10 / 11 / 2016		
Name of Federal Candidate MCGINTY, KATHLEEN ALANA, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	3463.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee SEIU Florida State Council PAC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 08 / 2016		
Mailing Address 14645 NW 77th Ave Ste 201			Amount 304.81		
City Miami Lakes	State FL	Zip Code 33014	Transaction ID : D368167		
Purpose of Expenditure Estimated Cost: Salary, Benefits & Other Canvass-Related Expenses		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 08 / 2016		
Name of Federal Candidate TRUMP, DONALD J, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		10986801.79	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee SEIU Florida State Council PAC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 08 / 2016		
Mailing Address 14645 NW 77th Ave Ste 201			Amount 50.80		
City Miami Lakes	State FL	Zip Code 33014	Transaction ID : D368168		
Purpose of Expenditure Estimated Cost: Salary, Benefits & Other Canvass-Related Expenses		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 08 / 2016		
Name of Federal Candidate CLINTON, HILLARY RODHAM, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		10986801.79	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	355.61
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	609152.46

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